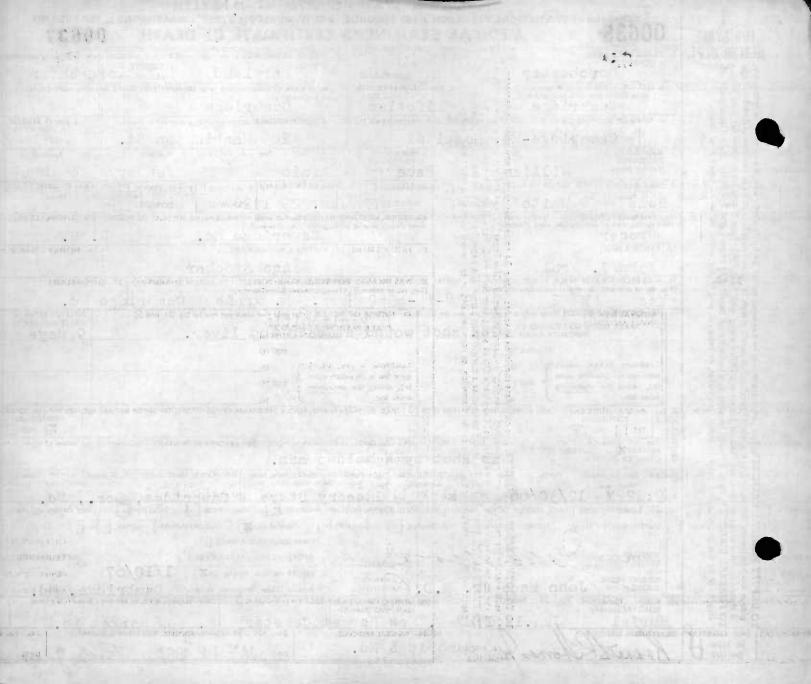
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12	Grocer					-	Cambri	0	ld.	-	l U	. S		
,:3			10						1000					
15	John J. WAS DECEASED	EVER IN U.S.	ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO.	17. IN	Elisa	5000	Ker	Address				
{Y	Yes	WW 2	er or de tes of se	ervice)	18-14-456			Ammin				Ma		
		5 0 0 0 0 miles	nter only one		ne for (a), (b), end (c).		rs. Wm.	WILLITE		(amn)	ridge		RVAL BETWI	EEN
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00636 FOR STATE 00638 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Dorchester 2, and 3 to PM3. Page a COUNTY a. STATE Dorchester to Maryland MARYLAND Department b. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest tawn)

Cambridge c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 All life Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office along with form within 72 hours 715 Pine St. 715 Pine St. Stote | Item 18. Give Poges NO X 24 hours ofter deoth. NAME OF First Middle Month Doy Year DECEASED 67 Joseph w. Baynem January (Type or print) 19 DEATH S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Hours 3/17/1908 Male Negro WIDOWED DIVORCED X 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) UOUNRY? INDUSTRY Maryland Laborer = d "pending" in pencil in Chief Medical Exominer pencil 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME certificate should be executed within Louis Baynem Sarah Cromwell IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 816 Fairmount Ave. or removal. (Yes, no, or unknown) (If yes give wor or dotes of service) Norma Jones Cambridge, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY Instant Coronary occlusion IMMEDIATE CAUSE (a). writing the ward cremation, DUF TO Conditions, if any, which gove rise to immediate couse (a), DUF TO stating the underlying cause 0 00 buriol, o 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MEDICAL CERTIFICATION please execute the certificate, 0/ NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) agent, priar PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Not While foctory, street, affice bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry ond in my opinion deoth resulted from: Notural couses X Accident Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY FO FUNERAL Health or i 1/12/67 DEPUTY MEDICAL EXAMINER EXAMINED'S John Mace Jr. NAME ITYD Address (Street, city, tawn, ar county) 230. BURIAL CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23b. LOCATION (City or Town REMOVAL (Specify) BURIAL 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15ME (5 NAUAD

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
V	00537 CERTIFICATE OF DEATH 00639
atter	1. PLACE DF DEATH a. COUNTY Dorchester MARYLAND b. CITY DR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
90	write RURAL and give nearest town) 5 Vrs + Hurleck Md
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS
	3. NAME DF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR:
4	Temale white widowed Divorced 5/19/1885 8 last birthday) wrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 10b. KIND OF BUSINESS OR IX. BIRTHPLACE (County & State, or foreign country) 11c. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unkown) (If yes give wor or dates of service) - Mrs Emory Corkran, Hurlock, Md
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia from Cardiae Decompensation 50 ay
	Conditions, if any, which gave rise to immediate (b) Hypertensive arteriosclerotic Heart disasse 8yrs
	cause (a), stating the underlying cause last. DUE TO (c) Generalized artiosclerosis 25yrs
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \[\begin{array} No \frac{1}{2} \end{array}
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED And 19 While at work 19 At work 20d. INJURY OCCURRED And 19 AT work 20d. INJURY
	21. I certify that (I) (this hospital) attended the deceased from 12/11/61, 19, to 1/30/67, 19, that (I) (we) las saw the deceased alive on 12/28/67 19, and that death occurred a9:50% from the causes and on the date stated above
	22a. SIGNATURE BLEMENT M.D. ATTENDING MED. STAFF 22b. DATE SIGNED ATTENDING DIRECTOR PHYS.
61	22c. PHYSICIAN'S (NAME (Type) Harold B. lummer MDD. 22d. ADDRESS Preston Maryland
-	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 1 6 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1	24. FUNERAL DIRECTOR Tutles. Hillory by East New Market 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE FEB 2 1967 Charles Judge

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 40 CERTIFICATE OF DEATH 00640 death. PLACE OF DEATH USUAL RÉSIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY 248 Glenwood Avenue county the t ORCHESTER 24 hours after MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Cambridge, Md c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours Easton, Maryland Inknown filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Md Hespital, Incorporated 248 Glenwood Avenue NO F YES executed within completely 3. NAME OF First DATE Year Middle Last Month DECEASED (Type or print) DEATH January James 19 Benson 6. COLOR OR RACE | 7. MARRIEO | NEVER MARRIEO AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 5. SEX 8. DATE OF BIRTH Male Negro 9-14-1880 DIVORCED | WIDOWEO [00 yrs. 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physiefan ease during most of working life, even if retired) MOUSTRY COUNTRY? Easten. Marvland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificat remova attending permit. Then Nichelas Bensen Susan Themas ned by the attend Il-transit permit. Il, cremation, or re 15. WAS OECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) 217-03-400 Cambridge Md Hespital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. OEATH WAS CAUSEO BY:
IMMEDIATE CAUSE (a) Cardiac Decompensation attending physician. been signed the the burial-tran DUE TO Arteriosclerotic Carciovascular Disease Conditions, If any, which gave rise to Immediate this certificate has been detached for use as the le Debt, of Health prior to **OUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO I PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) e After Hour a.m. Not While While at work p.m. at work DIRECTOR: Al 1966 to January 6 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. Dec 19 6 Januar and that death occurred at. _M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNEO 22a. SIGNATURE 1-14-67 DIRECTOR M.D. TO FUNERAL director, p should be PHYSICIAN'S 22d. ADDRESS Fassett, M.D. Cambridge . Md. Edwin BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) Jan 10,1967 Ivytewn Cometery Maryland Ivytewn AOORESS 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Dashiell Funeral Heme, Dever St. Easteh, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00639 00641 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE Pennsylvania o. COUNTY b. COUNTY Dorchester df. death. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge Swarthmore after DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs 1175 Michlenburg Avenue DOA Cambridge Maryland Hespital NO X Give Pages death. ang with NAME OF Middle First Lost 4. DATE Month Doy Year DECEASED OF ARTHUR: W. BINNS 19 67 Jan. 28. within (Type or print DEATH IF UNDER I YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Mar. 22/. Male Months <u>~</u> White Dovs Hours WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF WHAT Wheatcheer. Iowa COUNTRY? in any C pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within pencil Edward Binns Esther Braacken 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service 16. SOCIAL SECURITY NO. 17 INFORMANT permit. remayal. Hospital Records, Cambridge, Md. Unk Ne 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH d IMMEDIATE CAUSE (o) ward certificate should crematian. DUF-TO Conditions, if any, which gove writing the rise to immediate couse (a) DUF TO stoting the underlying cause last. SD burial WAS AUTOPSY PERFORMED? the certificate, YES X NO agent, priar ta 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of them 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page please execute 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection | ond in my opinion death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY pe DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type Address (Street, city, town, or county)

Friends Shouth Western

23d. LOCATION (City or Town)

250. REC'D BY REGISTRAR

Upper Darby, Penna.

(County)

VR A15ME (5) 6M 1/66

0

23o. BURIAL, CREMATION

Buraal (Specify)

24. FUNERAL DIRECTOR

DATE THEREOF

Feb 2, 1967

LeCompte Funeral Service, Cambridge, Maryland

REMOVED THE REAL PROPERTY.

COURS DESCRIPTION

Harris Later 2, 1967 E. See Land Synakii in a constant for the Constant of the

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00640 CERTIFICATE OF DEATH 00642 be executed within 24 haurs after death death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY DORCHESTER O. STATE MARYLAND b. COUNTY SOMERSET ician and campletely filled in by the fur lease remove carban papers. Pages I and in any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

CAMBRIDGE, MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 21 DAS. CRISFIELD, MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS EASTERN SHORE STATE HOSPITAL 620 MAIN STREET YES NO X 3. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED 1967 25 GERTRUDE LEE CROCKETT (Type or print) DEATH JANUARY IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours DIVORCED 73 yrs. FEMALE WHITE WIDOWED 03-17-93 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
UNK NOWN COUNTRY? INDUSTRY attending physician overmit. Then please the death certificate U.S.A. TANGIER, VIRGINIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal, MAJOR PARKS ADELINE PARKS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) EASTERN SHORE STATE HOSPITAL RECORDS 218-05-8901 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) UREMIA OR ATTENDING PHYSICIAN: The law requires that O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Iomerulosclerosis (diabetic) Conditions, if ony, which gove rise to immediate couse (o), mellitus stoting the underlying couse iabetis this certificate has been detached far use as the e Dept. af Health prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES 📉 NO [20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port |) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work **DIRECTOR:** After 21. I certify that (I) (this haspital) attended the deceased fram 01-04-. ta 01-25 1967 , 1967, that (I) (we) las 01-25 19 67 and that death accurred at 10:30A M, fram causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL I ABLOS F. BARROSO NAME (Type) ESS Hosh. Cambada 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 1-28-Cemetery Haren 0 250. REC'D BY REGISTRAR EUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

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AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Page b. COUNTY necessary, Dorchester Maryland Dorchester MARYLAND b, CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) retained for your entire life Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? to the funeral State with the State 72 hours after Choptank 102 Choptank Terrace YES NO Terrace 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH January 23.19 Robert Lee 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthday) May 20.1900 Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign sountry) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) Cambridge U.S. Auto mechanic self-employed File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in any Daniel E. Clara Lake Daniel E. DAIL | U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 102 choptank Terrac (Yas, no, or unkown) | (Ifyes give war or detes of service) 's Office along with a burial-fransit permi Mrs.Louise C.Dail, Cambridge, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), or removal, ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary occlusion IMMEDIATE CAUSE (e) Instant DUE TO Conditions, if eny, which cremation, gave rise to immediate cause "pending DUE TO Examiner (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO TO plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) While factory, straet, office bldg., atc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER should be for DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S John Mace NAME (Type) Address (Street, city, town, or county) Cambridge 4 should Purchase 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Cambridge Cemetery Cambridge . Md. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Cambridge, Md.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00643 00665 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and ter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Derchester, Maryland filled in by the fun n papers. Pages 1 c ithin 72 haurs after d Maryland MARYLAND b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. Presten, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Belle HavenNursing Heme, Hurleck, Md YES NO Z 3. NAME OF Wit Middle 4. DATE remave carban First Lost Manth Day Year DECEASED CHARLES FOSTER FRANCIS Jan 17, 1967 gvent, 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Manths Days Male Negro 9-1-1890 DIVORCED and 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign cauntry) 12. CITIZEN OF WHAT signed by the attending physician or burial-transit permit. Then please burial, cremation, ar removal. and in COUNTRY? Easten, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Fester Eliza Driggins 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT 217-36-1517 Belle Haven Nursing (address above) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY WARKS IMMEDIATE CAUSE (a) Bronchopneumonia & Urmeia of the result be retained by the haspital or attending physician DUE TO Metastatic Carcinomatosis 2vrs Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the priar tal has been Carcinoma of the prostate yrs WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health Drabetee Mellitus moderately NO F severe this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) (Caunty) Haur 'a.m. factory, street, affice bldg., etc.) O FUNERAL DIRECTOR: After 1.17.57, 19___, that (1) (we) last 21. I certify that (I) (this haspital), attended the deceased fram director, page 3 shauld shauld be filed with the saw the deceased alive an 1/16/67 19 and that death accurred ab 20 PM fram causes and an the date stated above. 22a. SIGNATUN 22b. DATE SIGNED ATTENDING OIRECTOR LULLER M.D. PHYS 22d. ADDRESS PRESTON, MARYLAND O HOSPITAL H.B.PLUMMER M.D. NAME (Type) 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) BREMOVAL (Specify) Jan 21.1967 Mt Pleasant Cemetery Presten. Careline ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S STGNATURE VR A15 (4) 25M 1/67 Easten, Md. Dashiell Funeral Heme.

MARYLAND STATE DEPARTMENT OF HEALTH

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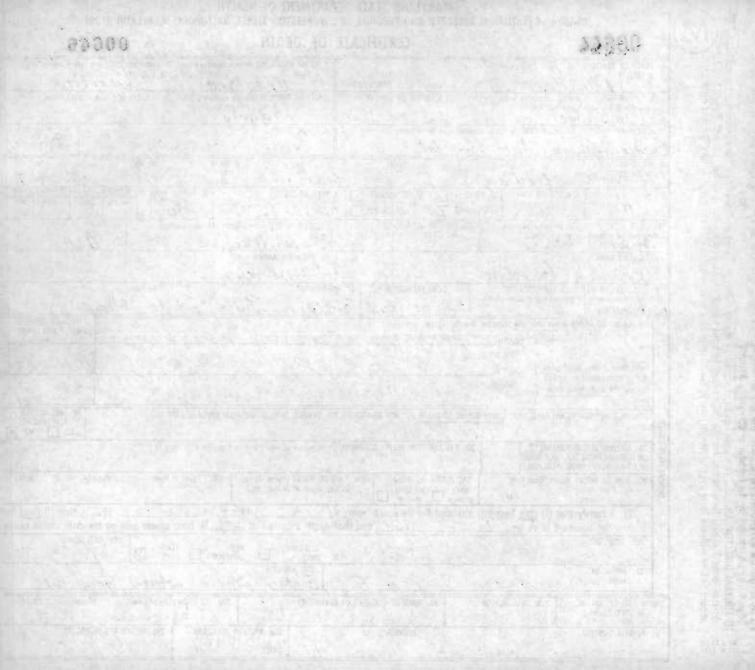
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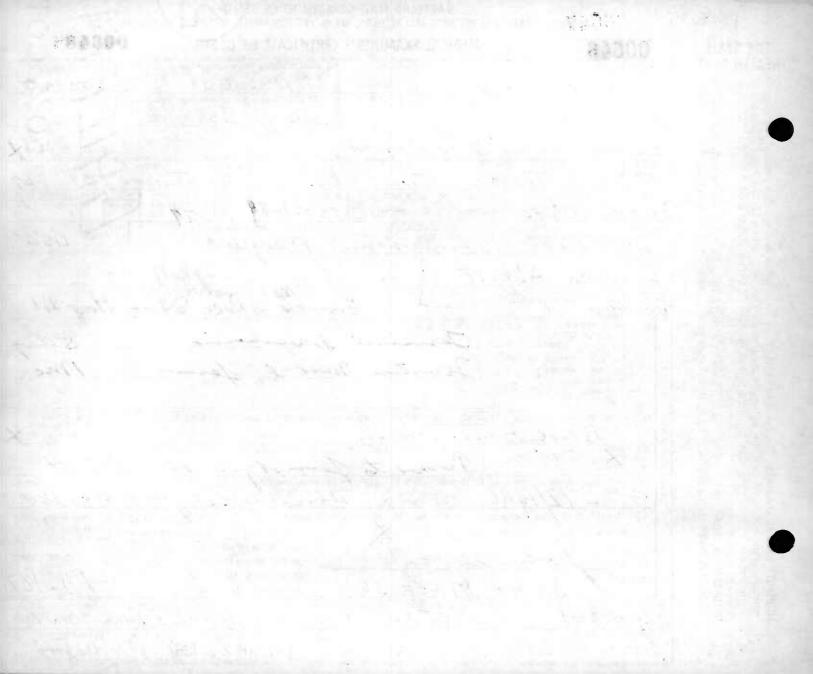
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00644 CERTIFICATE OF DEATH 00646 funeral 1 and 2 ter death, CAMBRUDY-B 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY/ o. COUNTY a. STATE after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) filled in by th papers. Page thin 72 haurs o inte RURAL and give nearest tawn) 20 day (mbridge e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS filled entral NO X YES × NAME OF DATE carban Middle Doy Year Lost etely DECEASED 1967 Gardner 15 in any event, (Type or print) Man DEATH IF UNDER I YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave lost birthdoy) Months Hours Dovs WIDOWED DIVORCED 06-22-76 pup 11. BIRTHPLACE (Caunty & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT The law requires that the death certificate be lease during most af warking life, even if retired) COUNTRY? INDUSTRY pup Chapel, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or removal, unknown ourdner 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCE S? 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war ar dates af service) 220-09-1395 Castern unknown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET, AND DEATH CC LCCSCERI IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO ANTENCOSCLIEROSES Canditions, if ony, which gave rise to immediate cause (a), DUE-TO stoting the underlying cause as the **DIRECTOR:** After this certificate has been WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? State Dept. of Health YES [NO Jo J 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice blda., etc.) Nat While ot work 1964 to_ _, 1967, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram 11-13 be filed with the 1967, and that death accurred at 200 M, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR ADDRESS 22c. PHYSICIAN'S O HOSPITAL O FUNERAL NAME (Type) Eastern Shore Hospital directar, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City, or Jown) (State) 230? BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Marelan



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00648 MEDICAL EXAMINER'S CERTIFICATE 00646 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 2, and 3 to PM3. Page o. COUNTY o. STATE af death. Rches, MARYLAND delay Department b. CITY OR TOWN (If autside carparate limits. CLENGTH OF STAY IN 1b c. CITY OR TOWN autide carparate limits, write RURAL and give negrest tawn) 5 IS RESIDENCE ON A FARM? in haspital, give street address) d. STREET ADDRESS pending" in pencil in Item 18. Give Pages 1, of Medical Examiner's Office alang with farm haurs ate YES haurs after death. NAME OF Last 4. DATE 5 Manth Day Year DECEASED OF Pe. 33;e 2 67 within (Type or print) DEATH 19 with SFX AGE (In years IF UNDER 1 YFAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Dovs Haurs WIDOWED DIVORCED and 2 event Do USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 1159 DaRWand any pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within 2 File WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) \((If yes give war ar dates af service) ar remaval, UNKNOWN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) shauld crematian, DUE TO farwarded ta the Canditions, if any, which gave rise ta immediate cause (a). DUE TO This certificate stating the underlying cause last. burial, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO DE 9 e ta. 20a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) priar should CAUSE OF DEATH. agent, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, for (City ar town) (County) (Stote) While Nat While factory, street, affice bldg. FUNERAL DIRECTOR: Page Page 4 please execute its designated 21. I certify that Maak charge of the remains described above held an Autopsy Inspection X far Inquiry and in my opinian the funeral directar. death resulted from Natural causes Accident X Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health ar DEPUTY MEDICAL EXAMINER necessary, EXAMINER'S may NAME (Type Address (Street, city, tawn, ar caunty) DATE THEREOF BURIAL, CREMATION 23b. 23c. NAME OF CEMETERY OR EREMATORY 23d LOCATION (City or Town) CME! ER LYAND 2Sb. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15ME (5) Charles DATE JAN



MARYLAND STATE DEPARTMENT OF HEALTH VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Dorchester a. STATE Maryland b. COUNTY Dorchester MARYLAND by the b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Cambridge c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 45 years Cambridge 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE remove carbon papers any event, within 72 ON A FARM? Cambridge Maryland Hospital 822 Locust Street YES NO A within completely 3. NAME OF First Middle Last DATE Month **OECEASED** MILDRED BROHAWN HARRISON Jan. (Type or print) 66 DEATH 19 executed 5. SFX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | IF UNDER 24 HRS | Hours | Min. 8. DATE OF BIRTH Nov. 25, 1912 Female White and WIDOWED [DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done) sician lease r 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWITE Dorchester Co., Maryland USA Home death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roy Brohawn Minnie Bell Willey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) Mr. Francis W. Harrison, Cambridge, Md. cremation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH The law requires that the PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a). Metastatic carcinoma, generalized. the hospital or attending physician. mths. signed been sight the burial-tre DUE TO Cenditions, If any, which Carcinoma of breast. vears rise to Immediate DUE TO cause (a), stating the underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? YES NO this certified detached for 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After Not While While p.m. at work DIRECTOR: Ange 3 should led with the S 19 65, to January 3, 19 67, that (1) Wel last 21. I certify that (I) (this hospital) attended the deceased from Many 1967 and that death occurred at 7:00 M, from the causes and on the date stated above. saw the deceased alive on January 3 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. X M.D. PHYS. DIRECTOR Page 4 may FUNERAL pa O HOSPITAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Alfred R. Maryanov, M. D. 610 Race St., Cambridge, Md. 21613 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 2 East New Market, Maryland Jan 6, 1967 East New Market Cemetery 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A.15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT.

PM3. Page

'pending" in pencil in Item 18. Give Poges 1, 2, and 3 to

This certificate should be executed within 24 haurs after deoth.

ond 2 with the Stote Deportment of event within 72 hours after deoth.

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page
Health or its designated agent, prior to burial, crematian, ar removal, and to designate

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm

necessary, please execute the certificate, writing the word

TO DEPUTY MUSICAL EXAMINER:

00648

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00650

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1.	1. PLACE OF DEATH o. COUNTY Dorchester MARYLAND					2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Dorchester						
	b. CITY OR TOWN (If outside corporate limits, with RIKAL and give neorest town) 1 week				Ш	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge						
3	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Cambridge Maryland Hospital					d. STREET ADDRESS 116 Sandy Hill Road e. IS RESIDENCE ON A FARM? YES NO						
3.	NAME OF DECEASED (Type or print)	EUGE	NE	Middle F .	HOI	TON Lost	4. DATE OF DEATH	Month J	an. 3		Year 19 67	
S.	Ma le	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		May 15, 19	LL4 9. AGE	(In yeors birthdoy) 2 yrs.	Months		Hours Min.	
10c dur	usual occupation in most of working foreman	(Give kind of work done		ND OF BUSINESS OR DUSTRY Can 60.		Fultan, Ne)	12. CITI COL	IZEN OF W JNTRY? 1	USA	
13.	FATHER'S NAME Earl	G. Holton		esar la		14. MOTHER'S MAIDEN Vulma Mi						
15 (Y	. WAS DECEASED EVE es. no, or unknown) No	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service) 16.	social security no. Unk	17. II	NFORMANT S. Eugene I	F. Holton	, Camb	ridge	, Md	•	
	PART I. DEAT 420 Conditions, if ony,		(o) Co	(o), (b), ond (c).) ronary oc	clu	sion					AND DEATH	
	rise to immediat stating the under last.		TO (c)									
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	TO DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)		19. WA PET YES	AS AUTOPSY REFORMED?	
CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.		20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter noture of injury in	Port I or Port II of	item 18.)	1			
MEDICAL	20c. TIME OF INJU Hour o.r p.r	10	20d. IN While ot work			E OF INJURY (Home, form ory, street, office bldg., etc.		or town)	(Cou	aty)	(Stote)	
	21. I certification death result ACTUAL SIGNATURE	y that I taak charg	e af the ren	nains described aba		de, Hamicide CHIEF MEDICAL M.D. ASSISTANT MEI DEPUTY MEDIC	Undete	ermined ma	67	22.	my apinian DATE SIGNED Md.	
23	o. BURIAL, CREMATIC	ON, 23b. DATE TH		23c. NAME OF CEMETE Mt. AD	NY OR O	REMAJORY LE METE	23d. LOCATIO Fult	N (City or Tow	n) (V Yorl	(County)	(Stote)	
	4. FUNERAL DIRECTO		rvice,	Cambridge,	Mar	yland DATE	D BY REGISTRAR	1967 REG	PIRAPE SI	SNATURE	Judge.	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00651 death. らいが funera and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Pages 1 a. STATE b. CDUNTY DORCHESTER MARYLAND MARYLAND WICOMICO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b bon papers. Pag within 72 hours hours Ξ. CAMBRIDGE (RURAL 12 DAYS QUANTICO. d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled e. IS RESIDENCE ON A FARM? YES ND X EASTERN SHORE STATE HOSPITAL SANDY HILL completely we carbon p 3. NAME DE First Middie Last 4. DATE Month Year Day DECEASED event, (Type or print) DEATH 19 67 24 HURLEY JANUARY 6. COLDR DR RACE | 7. MARRIED and con SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH NEVER MARRIED in any WHITE WIDOWED DIVDRCED [05-15-77 10a. DSUAL DCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS DR 12. CITIZEN DF WHAT 11. BIRT HPLACE (County & State, or foreign country) physician during most of working life, even if retired) INDUSTRY COUNTRY? and USA 13. FATHER'S NAME MARYLAND removal. 14. MOTHER'S MAIDEN NAME attending I HANNAH HURLEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDC IAL SECURITY NO. 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) cremation, RECORDS OF THE EASTERN SHORE STATEHOSPITAL the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH been signed by the burial-transition to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD 2 Home scherober heart diagase. Conditions, if any, which gave rise to immediate DUE TD cause (a), stating the underlying cause last. FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED'S certificate ND X YES 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After at work at work p.m. DIRECTOR: Af age 3 should ! 196 21. I certify that W (this hospital) attended the deceased from_ and that death occurred at Compen, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED. DIRECTOR M.D. тау PHYSIOTAN'S FUNERAL 22c. 22d. ADDRESS director, p NAME (Type) EASTERN SHORE STATE JOHN BLAIR WEBSTER M.D. HOSPITAL BURIAL, CREMATION, 23b. DAYE THEREOF NAME OF CEMETERY DR CREMATORY LOCATION_(City, town or county) (State) 23d. REMDVAL (Specify) UNERAL DIRECTOR REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY orchester a. STATE b. CDUNTY Maryland orchester MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rural-Crape hours 2 mths Cambridge E d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 Glenburn Nursing Home None YES X ND completely 3. NAME DF DECEASED Month Day Year carbon Middle Last DATE First DE HIRAM S. INSLEY 27. 19 67 Jan. (Type or print) DEATH executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Iast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH June 10, 1878 Male White and WIDOWED X DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) Dorchester Co., Maryland USA certificate Fud 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph remova Levin A. Insley Amanda Pritchett 17. INFORMANT 16. SOCIAL SECURITY NO. Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 00 death (Yes, no, or unkown) (If yes give war or dates of service) Mrs. J. Dorsey Johnson, Cambridge, Md. Unk INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). ial-transi þ PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a signed DUE TD Cenditions, If any, which peen gave rise to Immediate the r DUE TD cause (a), stating the underlying cause last. has (c) CERTIFICATION WAS AUTDPSY PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PERFORMED? certificate NO W YES this cerum detached for 2Db. DESCRIBE HDW INJURY DCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING F OR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) (County) 2Dd. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20c. TIME DF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE ATTENDING PHYS. STAFF page M.D. DIRECTOR PHYS. to FUNERAL I director, pag should be fil 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) BURIAL, CREMATION. Jan 30, 1967 Dorchester Memorial Park Cambridge, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland 20M 1/65

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
and 2 death.	00653 CERTIFICATE OF DEATH 00653
	1. PLACE OF DEATH a. COUNTY Dorchester 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE Maryland b. COUNTY Dorchester
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Federalsburg c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Federalsburg 10 years
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) RFD Federalsburg On A FARM? YES XX NO
	3. NAME OF DECEASED (Type or print) First Middle BELL KENNEDY (Type or print) ALICE BELL KENNEDY (Type or print) Jan. 26, 1967
	5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 HOURS Months Days Hours Min. Hour
	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (County & State, or foreign country) New Jersey USA
	13. FATHER'S NAME Henry Bell 14. MOTHER'S MAIDEN NAME Mary Bromwell
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) Unk Unk I7. INFORMANT Mr. John M. Kennedy, RFD, Federalsburg, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hefatu carcinamataris IMMEDIATE CAUSE (a)
	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO
	Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	2Da. ACCIDENT WAS UNDERLYING 2Db. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (County) 20f. (City or town) (C
	21. I certify that (I) (this hespital) attended the deceased from
	22a. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. 27 Jan 67
1	NAMÉ (Type)
1	BURIAL, CREMATION, 23b. Date THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) Jan 28, 1967 East New Market Cemetery East New Market, Maryland 24. FUNERAL DIRECTOR ADDRESS 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	LeCompte Funeral Service, Cambridge, Maryland DATE FEB 1 1967 Charles Yuage

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. CDUNTY Dorchester a. STATE Maryland b. COUNTY Dorchester physician and completely filled in by the fin please remove carbon papers. Pages 1 val, and in any event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cambridge c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15 years Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Cambridge Maryland Hospital 901 Peachblossem Avenue YES NO XX executed within 3. NAME OF DECEASED First Year Middie Last Day DF DEATH BLANCHE LEWIS MUR PHY 19 67 (Type or print) Jan. 31, 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | iast birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH Female White Sept. 15, 1890 WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Dorchester Co., Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ZJ. Holliday Murphy Dora Delaha 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs Della McWilliams, Cambridge, Maryland The law requires that the death Unk 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise to immediate DIIF TD cause (a), stating the has be as th prior t underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES I NO IR 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part i or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | (County) (State) 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: director, page 3 should 67, and that death occurred at 107M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED.
PHYS. 22d. ADDRESS director, p W. N. Baumann, MD Cambridge, Md. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) Feb 2, 1967 Vienna Cemetery Vienna, Maryland 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00654 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 00653 DEP HEALTH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) b. COUNTY Dorchester o. COUNTY Maryland 3 to Dorchester of o after death. MARYLAND Department b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. and Cambridge nearest tawn) Life Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? alang with farm within 72 haurs 8. Give Pages 1, 403 Boundary Avenue DOA Cambridge Maryland Hospital State YES NO X 3. NAME OF First Middle 4. DATE Last Doy Year DECEASED **EMERSON** MARSHALL LEROY Jan. 27 67 (Type or print) DEATH 19 IF UNDER 1 YEAR B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Male White Feb. 11, 1927 Doys Hours WIDOWED DIVORCED event 24 hours 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Maintenance Gas Company Cambridge, Maryland COUNTRY? USA pages I in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within pencil 'd "pending" in pencil Chief Medical Examin Raymond Marshal Agnes Hurley File and 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 218-20-8581 Mrs. Emerson L. Marhshall, Cambridge, Md. remayal INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH s a burial-transi Bullet wound of brain IMMEDIATE CAUSE (o)_ please execute the certificate, writing the ward director. Page 4 should be farwarded to the CP DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse dS burial, a 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO X agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY or CONTRIBUTING CAUSE OF DEATH. self with 38 pistol playing Russian roulette MEDICAL EXAMINER: 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, form, (City or town) (County) Not While of work Hour-a-m foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page Home Cambridge Md. 9.15 p.m. 1/ Dor. ot work 21. I certify that I took charge of the remains described abave, held an Autopsy Inspection K. Inquiry . and in my opinion Noturol couses Accident . Undetermined monner X the funeral director. deoth resulted from: Suicide . Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER EXAMINER' 1/29/67 John Mace Jr. NAME (Type Address (Street, city, town, or county) 230. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Jan 30, 1967 Dorchester Memorial Park Cambridge, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Marley Judg VR A15ME (5) LeCompte Funeral Service, Cambridge, Maryland 1967

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00654 00655 be executed within 24 haurs after death death and campletely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND DORCHESTER DORCHESTER MARYLAND c. LENGTH OF STAY IN 1h b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside carporote limits, write RURAL and give negrest tawn) write RURAL and give nearest town) CAMBRIDGE CAMBRIDGE (RURAL - MONTHS d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) YES NO V within EASTERN SHORE STATE HOSPITAL 407 BAYLY AVE 3. NAME OF DECEASED DATE First Last Day Year OF (Type or print) DEATH 19 68 WILLIAM 10 JAMES MARSHALL JANUARY IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years birthday) last Manths Days Haurs WIDOWED DIVORCED -22 - 79WHITE 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) please during most of warking life, even if retired) COUNTRY? Dirt THE S puo law requires that the death certificate DORCHESTER MARYDAND USA LISA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal the attending pay WILLIAM JAMES MARSHALL LARA BROWN 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES permit. (Yes, no or unknawn) (If yes give war ar dates af service) ar RECORDS OF THE EASTERN SHORE STATE HOSPITAL cremation, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) reumonia physician DUE TO an disease Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been use as the Chars last WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p CERTIFICATION NO far 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year factory, street Wice oldg., etc.) Hour a.m. of work shauld be 21. I certify that # (this haspital) attended the deceased fram Se Page 4 may be retained 1967, and that death occurred at 235 PM, fram causes and on the date stated above saw the deceased alive an fon 10 22b. DATE SIGNED 22a. SIGNATURE. M.D. DIRECTOR PHYS. be filed 22d. ADDRESS 22c. PHYSICIAN'S WAME (Type) JOHN BLAIR WEBSTER M. EASTERN SHORE STATE HOSPITA director, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION (Caunty) (State) Burial (Specify) Jan 13, 1967 Greenlawn Cemetery Cambridge, Maryland 2Sb. REGISTRAR'S SIGNATUR ADDRESS 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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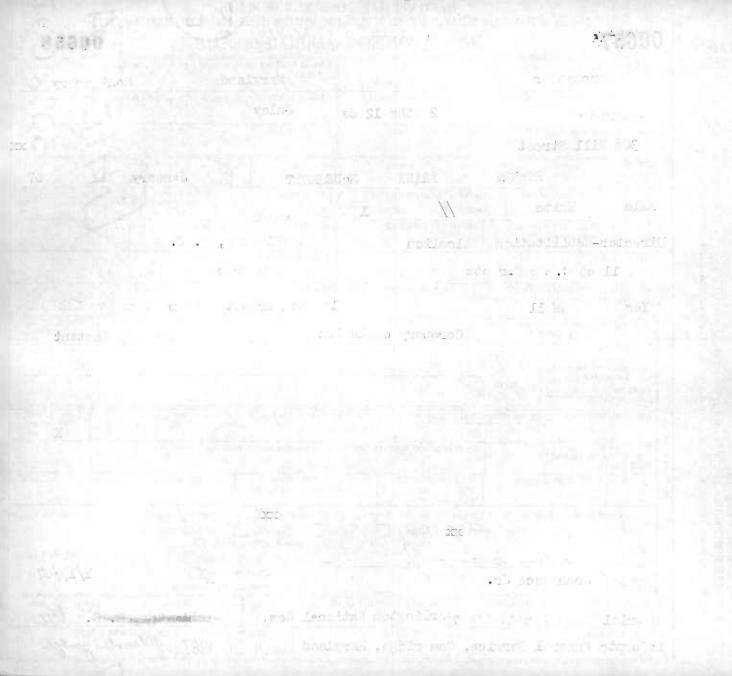
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY by the Tu a. STATE b. COUNTY Pages 1 urs after Dorchester Marvland Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours Cambridge vears Cambridge .= filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Locust St. 701 Locust YES NO X executed within completely carbon NAME OF DATE First Middle Last 4. Month Day Year DECEASED (Type or print) Thomas Edward DEATH 1967 McCready January 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH remove last birthday) | Months | Days please remov Hours and (WIDOWED DIVORCED 0 Male Oct 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please r death certificate be during most of working life, even if retired) INDUSTRY **COUNTRY?** Mechanic Canning Vienna District 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME rem Thomas E.McCready Harriat the att. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) cremation, T. Edward A Mrs. McCready Cambridge INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). burial-transit burial, cremat ONSET AND DEATH signed by I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by, the hospital or attending physician. IMMEDIATE CAUSE (a) DUF TO Conditions. If any, which peen gave rise to immediate the DUE TO (a), stating the as th underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T YES T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. that (I) (we) last M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED M.D. DIRECTOR PHYSICIAN'S NAME (Type) 22d ADDRESS BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. 23c. REMOVAL (Specify) Jan. 167 Greenlawn Cemetery uria. Cambridge FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** Cambridge Md. VR AI5 (4) 20M 1/65

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Items 18&21 Film 387 4-7- MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00656 00657 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Dorchester Maryland Jo. death. Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b ond Cambridge Life Cambridge e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Office olong with form in Item 18. Give Pages 1, within 72 hours 804 Maces Lane Cambridge Marvland Hospital YES NO K 24 hours ofter deoth. Middle 3. NAME OF 4 DATE Manth Year DECEASED 1967 William Sankston McCready Jan. 20, DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. X 9. AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Dovs Haurs June 218,1953 WIDOWED DIVORCED | Male Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY USA TRY? Student
13. FATHER'S NAME School word "pending" in pencil in the Chief Medicol Examiner's Maryland
14. MOTHER'S MAIDEN NAME be executed within Arthur McCready Irene Elloitt 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address onsit permit. Mrs. Irene McCready Cambridge, Md. None CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH Pending/Autop/sy Dehydration used as a burial-tra burial, cremation, a This certificate should e, writing the word forwarded to the Ch DUE TO Canditians, if any, which gave Gastro-enteritis wk. rise ta immediate cause (a), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🗶 NO please execute the certificate, **URECTOR:** Page 3 should be designated agent, prior to 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Nat While may be retained for your FUNERAL DIRECTOR: Page at work at work 2]. I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection Inquiry [and in my opinion the funeral director. death resulted fram: Natural causes 3. Accident | Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1/25/67 TO DEPUTY DEPUTY MEDICAL EXAMINER Heolth or EXAMINER'S John Mace Jr. M.D. Address (Street, city, tawn, or county) Cambridge, Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 50 Crapo Cemetery Crapo. Dor. Md. 25b. REGISTRAR'S SIGNATURE Cambridge, Md. 2So. REC'D BY REGISTRAR St. Clair VR A15ME (5

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF 00657 00658 FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) b. COUNTY Montgomery o. COUNTY Dorchester PM3. Page Maryland 0 2. after death. MARYLAND 2, and 3 to b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
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Director-Rebilitation Alcolism COUNTRY? pages in any Washington, D. C. .= 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wallace C. Mc Dermott Ann Grace and 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. be executed (Yes, no, or unknown) (If yes give wor or dotes of service remayal pending ZElda Mc Dermott 6614 distern Ave Wah D C INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit Coronary occlusion Ins cane DEATH PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) This certificate shauld icate, writing the word be farwarded to the Ch burial, crematian, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUF TO stoting the underlying couse 0 OS nsed WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES X NO please execute the certificate, p 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. its designated agent, priar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) shauld 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinion death resulted from: Notural couses Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be a TO FUNERAL Health or i 1/13/67 DEPUTY MEDICAL EXAMINE John Mace Jr. EXAMINER NAME (Type Address (Street, city, town, or county) the 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Arlington National Cem. Jan 16th1967 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) LeCompte Funeral Service, Cambridge, Maryland 6M 1/66



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1:	. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
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13	. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	NFORMANT	Address	
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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	
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death of atten permit.	Medical Records-Ensternshore Sta	te HESP.
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	VAL BETWEEN T AND DEATH
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PHYSICIAN: The law requires that the hospital or attending physician this certificate has been signed the detached for use as the burial-traited bept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19. PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN GIV	
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ATTENDING retained by COR: After should be vith the Stat	21. I certify that (I) (this hospital) attended the deceased from 6-20 1938 tp ///6 1967, tha	t (I) (we) last
OR ATTENDING be retained INECTOR: 4	saw the deceased alive on 1/16 1967, and that death occurred at 6434 M, from the causes and on the date	stated above.
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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY Page b. COUNTY a. STATE necessary, MD. QUEEN ANNE'S DORCHESTER MARYLAND Department b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give nearest town) for your 1 MONTH **QUEENSTOWN** RURAL CAMBRIDGE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM SHORE STATE HOSPITAL after retained State YES NO 3. NAME OF Middla 4. DATE Month Day DECEASED OF the (Type or print) GOLDIE MAE MOR GAN DEATH JAN. 11 death. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yeers I JF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months FEMALE WHITE 8/10/87 WIDOWED X DIVORCED 79 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) OWN HOME U.S. Mn. HOU SEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in any HANSON MORGAN ELLA DADDS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Il yesgive werer detes of service) 218-01-0900 HOSPITAL RECORDS NO executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 2 Office along remova burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: TERMINAL PNEUMONIA DAYS Dencil IMMEDIATE CAUSE (a) **DUE TO** ō FRACTURE NECK R. FEMUR ROMA 5 Conditions, if any, which (b) cremation "pending" gava risa to Immediate ceuse O Medical Examiner's DUE TO Se (a), stating the undarlying cause lest. should be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? execute the certificate, writing the word Id be forwarded to the Chief Medical E NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY OF CONTRIBUTING BOTAIN HISTORY-TRANSFERRED FROM EA STON HOSPITAL. CAUSE OF DEATH. agent, prior 3 MEDICAL Page 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) lectory, street, office bldg., atc.) While Not While QUEENSTOWN. MD. et work et work DIRECTOR: Inspection XX. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident X Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 6 EXAMINER'S JOHN MACE NAME (Type) Address (Streat, city, town, or county) 22e, BURIAL, GREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 24b, REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** REC'D BY REGISTRAR I VR A15ME 5M 1/63

ALLESANIE JANILISES LIALE TO DETAIL STATE .Y .. THE STATE OF THE STATE .. THE TANK SU · . James Alle Millione A SE PRINCIPAL MANAGEMENT OF THE PRINCIPAL AND A SECOND OF THE PARTY O tina |

O DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00662 and 2 24 hours after death. and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Dorchester etely filled in by the further than the papers. Pages 1 and within 72 hours after d Illinois b. COUNTY Madi son MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 week St. Jacob Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital TINK YES T NO completely five carbon p TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. NAME DE First DATE Middle Last 4. remove carbo DECEASED EMIT. S. MUELLER Jan. 7, (Type or print) DEATH 19 00 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS last birthday) | Months | Days Male White May 22, 1890 WIDOWED T DIVORCED [tending physician and In our removal, and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR .= 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? TISA INDUSTRY Hamburg, Germany Ret. Farmer Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Mueller Ilnk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address has been signed by the atter as the burial-transit permit-prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Ilnk Mrs. Geo. Haddawam, East New Market, Md. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 000 IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hithed for use PERFORMED? enua YES NO Z 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this certified be detached for State Dept. of F 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, 2Dd. INJURY OCCURRED 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) Hour a.m. While at work p.m. at work the 21. I certify that (1) (this hospital) attended the deceased from director, page 3 should should be filed with the saw the deceased alive on. M. from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS CIAN'S 22d ADDRESS NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. (State) REMOVAL (Specify) Jan 10, 1967 Keystone Cemetery St. Jacob, Illinois Buria 1 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. LeCompte Funeral Service, Cambridge, Maryland VR AI5 (4) DATE 20M 1/65

53300 2 of the control don't inor, .t. added a wind 75 I SO. I SO. minute to the second TITLE AND THE Theremone was the los Lake 1000 (merica " arture salural (4) J. V. Hyompson, MD Comback, 260 ster of day 10, 1767 Persons Camerons Con. decom. Illinois

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY Dorchester Maryland Dorchester the day MARYLAND pue b. CITY OR TOWN (if outside corporete limits, þ c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporele limits, write RURAL end give nearest town executed within 24 filled in I Pages 1 Rhodesdale - Riral 3 days filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? RFD Cambridge-Maryland Hospital completely papers. n 72 hou YES NO K NAME OF DECEASED Middle 4. DATE Yeer within Timothy O'Donnell (Type or print) Neal DEATH January 1967 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF SIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and Male August 7, 1966 Negro WIDOWED | DIVORCED T physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Infant Cambridge, Md. None USA Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Gaither Neal Delores Washington removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes giva war or dates of service) No None Delores Neal, Rhodesdale, Md., RFD permit. physician. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] After this certificate has been signed by INTERVAL BETWEEN ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) 7 days the burial-transit DUE TO hospital or attending Conditions, if any, which Malnutrition Undet. geve rise to immediate ceuse DUE TO (e), stating the underlying use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? prior NO THE DIRECTOR: After 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from December ... 30, 1966, to January ... 1., 1967., that (I) (we) last 22e. SIGNATURE SIGNED ATTENDING HOSPITAL FUNERAL page 5.4 PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, Filed 610 Race St. Cambridge. 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Dig & REMOVAL (Specify) Near Rhodesdale, Maryland Jan. 5. 1967 Rhodesdale Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frampton and Son, Federalsburg, Maryland

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TO CHURENT DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then beese remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

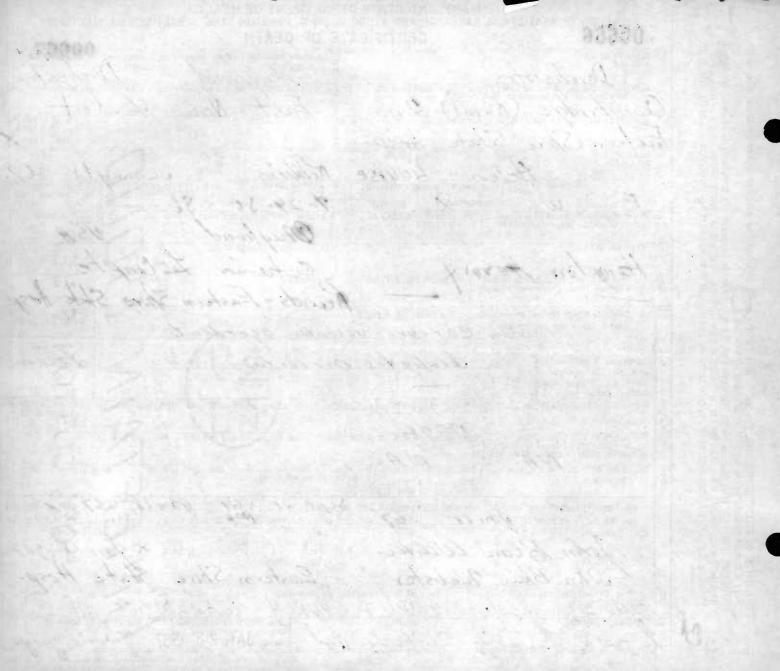
	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STA	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
00664	CERTIFICATE OF DEATH	00663

1.		orchester	MARYLAND	2. USUAL RESIDENCE a. STATE Mar	EE (Where deceased lived, if institution: Fyland b. COUNTY Dor	
	Cambric	N (If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b		outside corporate limits, write RURAL —Cambridge	and give nearest town)
	d. NAME OF HOS Cambridge	spital or institution (if not in a Maryland Hospi	hospital, give street address) tal	d. STREET ADDRESS RFD #3,	Lloyds	O. IS RESIDENCE ON A FARM? YES AND
	NAME DF DECEASED (Type or print)	JAMES		RADCLIFFE	4. DATE Month DF Jan.	Day Year 1, 1967
	sex Male	6. COLOR OR RACE 7. MARRI WIDOW		Bec. 18, 18	9. AGE (In years IF UNDER last birthday) Months yrs.	
dui	Executive Executive	ing life, even if retired)	KIND OF BUSINESS OR INDUSTRY Millinery		ounty & State, or foreign country) 12. Cer Co., Maryland	OUNTRY? USA
13.	. FATHER'S NAM		eCompte Radclif	e Soph	ia D. Travers	
15 (Y	es, no, or unkown)	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)		informant n. George L.	Radcliffe, Cambrid	dge, Md.
		DEATH [Enter only one cause per EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My O		ion		INTERVAL BETWEEN ONSET AND DEATH 20 Min.
	Conditions, if gave rise to	any, which DUE TO Art			lar renal disease	5 yrs. +
-	cause (a), st underlying caus	tating the DUE TO Art	erio sclerosis	generalized		5 yrs. +
CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES ND X
	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, ND	WAS UNDERLYING 20b. ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Part I or Part II of Item 18	.)
MEDICAL	20c. TIME OF Hour a.n	n. Wh	le Not While facto	CE OF INJURY (Home, fa ory, street, office bldg., e	orm, 20f. (City or town) (Cou	unty) (State)
78	21. I certif	y that (I) (this hospital) atte ceased alive on January	nded the deceased from	3-19- , 19 t death occurred at 2	965 to $1-1-$, 196 $2:0$ M, from the causes and on t	7, that (I) (we) last he date stated above.
	22a. SIGNATU	Clarides	Harolf M.	ATTENDING I	MED. STAFF 22b. D	ATE SIGNED
	22c. PHYSICIA NAME (T)	(pe) Eldridge H. W			Street, Cambridge,	
23a	Burial (Spe	Jan 4, 1967	Cambridge Ce	emetery	23d. LOCATION (City, town or co	rland
	eCompte I	Funeral Service,	Cambridge, Mar		N 6 1987 JChan	's SIGNATURE

VR A15 (4) 20M 1/65

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0060 This is the statistical research and records, 301 W. Preston Street, Baltimore 1, Maryland MARYLAND STATE DEPARTMENT OF HEALTH FOR STA MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF OEATH a. COUNTY b. COUNTY a. STATE Dorchester Maryland Dorchester MARYLAND the funeral 5 may be Department after death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b DOA Hurlock - Rural Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS ay Is 3 to t Page State R.F.D. #1. Box 214 Cambridge-Maryland Hospital and and OATE Month 3. NAME OF First Middle the DECEASEO 28 Lillian Smith Anne OEATH January 2, N (Type or print) 2 with within 6. COLOR OR RACE | 7. MARRIED | 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS death. If e Pages 1, ith form NEVER MARRIED last birthday) Months Days April 25, 1922 Female Negro WIDOWED DIVORCED ! and 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR Give during most of working life, even if retired) COUNTRY? INDUSTRY after 24 hours after in Item 18. Giv Ridgely, Maryland USA _ Home Housework 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME and and At EXAMINER: This certificate should be executed within 24 hou the certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office Eary Dobson Andrew Gibbs Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) (If yes give war or dates of service) permit. Floyd H. Smith, Hurlock, Maryland, RFD 213-20-3774 No 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: cremation, or Acute alcoholism IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the O ed as a burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 2 2 DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. Pind 3 should agent, p MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work __ at work Inspection Inquiry 21. I certify that I took charge of the remains described above, held an Autopsy es. IRECTOR: Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER Your 4 Page SIGNATUR for DEPUTY MEDICAL EXAMINER TX Race St. Cambridge . Md. Address (Street, city, town, or county) please e director. retained NAME (Type) Alfred R. Marvanov, 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. REMOVAL (Specify) Burial 0 Hurlock, Maryland 1967 Feb. Washington Cemeter REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR AODRESS Charles Leme Thain slow

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00668 death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY ease remove carban papers. Pages 1 and in any event, within 72 hours after DBRCHESTER MARYLAND within 24 hours after CARDDINE b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give negrest town) CAMBRIDGE (RURAL) 6 MONTHS DENTON IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS filled i NO. YES FASTERN SHORE STATE HOSPITAL 615 MARKET STREET 3. NAME OF Middle 4. DATE Year Month Day DECEASED (Type ar print) CLARA 1967 TAIYL OR SURRAIN DEATH JANUARY the death certificate be executed IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE AGE (In years **IF UNDER 24 HRS** 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday Months Davs Hours WIDOWED DIVORCED FEMALE 10/18/86 WHITE 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician of please during most of working life, even if retired) INDUSTRY COUNTRY? OUEENSTOWN, MARYLAND
14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME crematian, or removal, CHARLES TAYLOR HANNAH BLOOD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 222-12-3650 RECORDS OF THE EASTERN SHORE STATE HOSPITAL NONE 18. CAUSE OF DEATH (Enter only one cause per line for (o)_(b), onda(c). INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH The law requires that IMMEDIATE CAUSE (a) be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUF TO stating the underlying cause be detached far use as the State Dept. af Health prior ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES T NO F this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) 20d. INJURY OCCURRED (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) at work at wark **DIRECTOR:** After 21. I certify that (1) (this haspital) attended the deceased fram 19___, that (I) (we) last 19 to director, page 3 shauld shauld be filed with the saw the deceased alive an and that death accurred at 4 M. fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF **ATTENDING** TA DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type PETER RIECKERT CAMBRIDGE. MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION DATE THEREOF (State) (County) REMOVAL (Specify) 1012 25g. REC'D BY REGISTRAR
DATE B 6 198 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 8500

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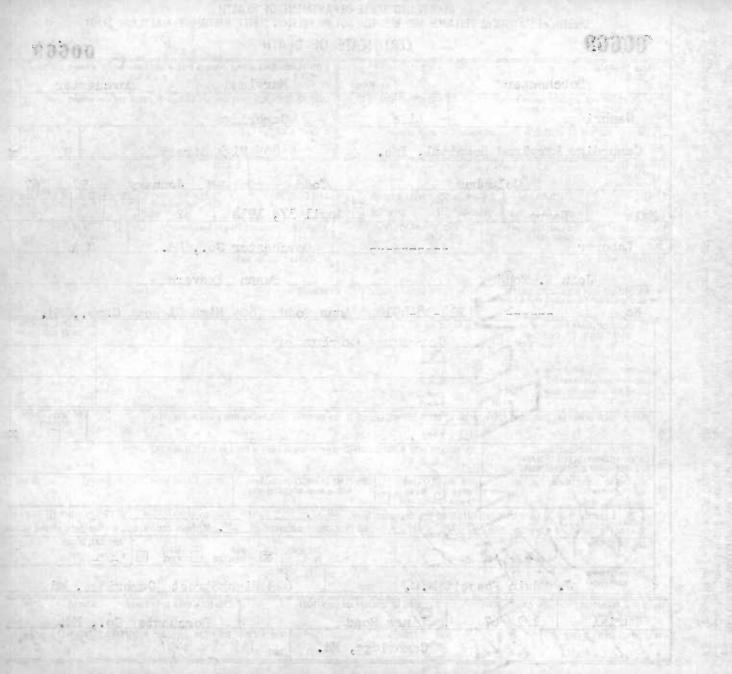
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00669 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission) o. COUNTY b. COUNTY o. STATE Dorchester Maryland Dorchester MARYLAND b. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town)

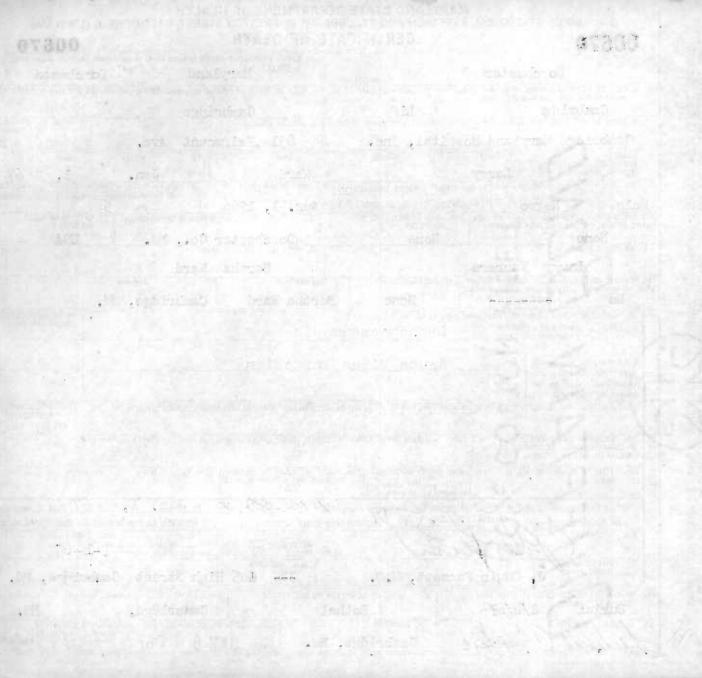
Cambridge c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Life Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 YES NO Cambrdige Maryland Hospital. Inc. 805 High Street 3. NAME OF Lost 4. DATE Month Doy Year DECEASED January

IF UNDER 1 YEAR

Days Columbus Todd (Type or print) DEATH DATE OF BIRTH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years last birthday) Manths WIDOWED DIVORCED April 17. 1914 Male Negro 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired)

Laborer INDUSTRY COUNTRY? signed by the attending physician burial-transit permit. Then please Dorchester Co., Md...
14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME John W. Todd Susan Travers 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 214-18-4910 805 High Street Camb. Anna Todd INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Coronary Occilusion IMMEDIATE CAUSE (o)_ DUE TO Canditians, if any, which gove rise ta immediate couse (o), DUE TO stoting the underlying couse be retained by the hospital or attending this certificate has been lost. far use as t f Health priar PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Diabetes Mellitus. Pleural effusion NO DE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) ot work ot work 'O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram Dec. 23, 19 66, to January 9, 19 61, that (I) (we) last saw the deceased glive ap January 91907, and that death accurred at 3P. M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Edwin Fassett M.D. 623 HighbStreet Cambridge, Md directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (State) REMOVAL (Specify) Linas Road Dorchester Co. 24. FUMERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR Cambridge, Md.





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00671 00671 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Dorchester Maryland Dorchester of MARYLAND Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup Hurlock Hurlock R.F.D. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Give Pages 1, 72 hours R.F.D. State (NO NAME OF Middle First 4. DATE Lost Month DECEASED MXXXXX Hamilton. Purnell Waters 19 67 January th (Type or print) within DEATH with 1 S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost_birthdoy) Male Negro Sept. 28, 1910 DIVORCED WIDOWED 24 haurs 2 tem] 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Canning Factory during most of working life, even if refired)

Day Laborer COUNTRY? Hurlock, Maryland 14 MOTHER'S MAIDEN NAME be executed within 13. FATHER'S NAME pencil = William H. Waters. Sr. Mary Lelia Thompson File and 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) or remaval, 217-10-8538 Mrs. Grace M. Waters, Hurlock, Md. Box 302 IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Instant IMMEDIATE CAUSE (6) Coronary occlusion the word crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO This certificate stoting the underlying couse 0 burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should agent, priar PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office blda., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X. Inquiry [ond in my opinion director. deoth resulted from: Natural couses 🔀 Accident . Suicide [Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace Jr. M.D. NAME (Type) Address (Street, city, town, or county) Cambridge. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify)
Buyial Near Hurlock, Maryland Petersburg Cemetery 24. FUNERAL OPERIOR Law town ADDRESS J. J. J. Framptom and Son, Federalsburg, Md. 2Sb., REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR lianelly 1967 VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00672 CERTIFICATE OF DEATH 00672 funeral 1 and 2 er death, requires that the death certificate be executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a STATE b. COUNTY Z filled in by the fun papers. Pages 1 thin 72 hours after o MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) REENS BORG IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NespiTAL YES NO lease remave carban and in any event, with NAME OF Middle Last DATE Year DECEASED reorde 196 7 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours WIDOWED DIVORCED 7-25-4 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, ar fareign country) COUNTRY? during mast af working life, even if retired) INDUSTRY FARMET. PRYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremation, or remaya Weaver INFORMAN1 WAS DECEASED EVER IN U.S. ARMED FORCES? 36 SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give wor ar dates af service) NospitAL State ZUNKMIL in Known 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. **DUE TO** ALTERIOSCLEROSIS Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying cause prior to l the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) for use Health NO **DIRECTOR:** After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 ar Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Yeor foctory, street, office bldg., etc.) Not While ot work ot wark 21. I certify that (1) (this haspital) attended the deceased fram 10-25 1966, to 1-director, page 3 should should be filed with the AM, from causes and on the date stated above. saw the deceased alive and 1967, and that death accurred at 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS FUNERAL NAME (Type) EDWA EASTERN 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Caroline Greensboro Greensboro 0 ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00673 00673 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral nove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) Ridgely vrs d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM Belle Haven Nursing Home None YES NO X NAME OF Middle 4. DATE First Last Month Year DECEASED January Mary 67 Wharton 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months Dovs White Nov. 1. 1986 Female WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if cetired) COUNTRY? HAPUSTRY Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida Walters George Imler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ner or unknown) (If yes give war or dates of service) 219-07-0349 Ridgely, Md. Mrs. Clark Murphy INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Acute Pulmonary Ddema Chronic congestive cardiac Failure 2 yrs Canditions, if any, which gave rise ta immediate couse (o), DUE TO stating the underlying cause os the O FUNERAL DIRECTOR: After this certificate has been Aypertensive anteriosclerotic Heart Disease 12yrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? far use Left Hemiplegia recent and also yrs ago NO 35 the haspital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part II af item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this hospital) attended the deceased from 9/18/65, 19. ta 1.8.67 , 19 , that (I) (we) last saw the deceased alive an 1/7/67 19____, and that death occurred of 10 Marfram causes and on the date stated above. 22b. DATE SIGNED 22a SIGNATURE 1/10/67 X DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S marold B.Plummer M.D. NAME (Type) Preston Manyland director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Burial (Specify) 1-11-67 Greensboro Caroline Greensboro 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Marley VR A15 (4) 20 M 1/66 Greensboro, Md.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00674 20671

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1.	PLACE DF DEAT a. COUNTY	H					E (When	e deceased lived, II li	MITW			mission)
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	b. CITY OR TOW	N (if outside corporate li and give nearest town)	mits,	c. LENGTH OF STAY I		c. CITY OR TOWN (If	outside	corporate limits, w	rite RURAL	and give	neares	t town)
RU	RAL CAME			412 MO.		HILLSBOF	RO			15	2	
	d. NAME OF HO	SPITAL OR INSTITUTION (f not in he	ospital, give street add	iress)	d. STREET ADDRESS				e.	IS RESI	DENCE
E	ASTERN SE	HORE STATE HO	SPITA	L						YE	-	NO 🗌
3.	NAME OF DECEASED	First		Middle		Last	4. DA	ATE Mon	th	Day	Yea	r
	(Type or print)	LYDIA		EMMA	b	ISHER		EATH JAN.	18		19	67
5.	SEX	6. COLOR OR RACE 7.	MARRIED	X NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years				
F	FEMALE	NEGRO V	/IDOWED	DIVORCED	TI.	4/19/94		last birthday)	Months	Days	Hours	Min.
102	. USUAL OCCUPA	TION (Give kind of work done ling life, even if retired)	10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (Co	unty & S		y) 12. C	TIZEN O	F WHAT	
uui	- mg most or work	ting irre, even it retired)	1 "	NDUSTRY		Mo.				U.S.		
13.	FATHER'S NAM	1E	1			14. MOTHER'S MAID	EN NAM	E		0,0,		
	CHARFES	FLAMER				MARY CLAF						
15		EVER IN U.S. ARMED FORCE	S? 16.	SOCIAL SECURITY NO.	17. 1	NFDRMANT	***	Addre	ess			
(Y	es, no, or unkown)	(If yes give war or dates of ser	ice)	20-12-0347A			20.00	, , , , , , , , , , , , , , , , , , ,				
_	***					SPITAL RECO	UK US					
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5	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	11	VEUMUN,	11					11	1/5	
	4937	DUE TO										
	Conditions, If	any, which) (h)										
	gave rise to	Immediate (
	cause (a), s underlying caus	raring rise								132		
NO		SIGNIFICANT CONDITIONS	CONTRIBU	ITING TO DEATH BUTNO	TRELAT	ED TO THE TERMINAL D	ISEASE	CONDITION GIVEN II	PART1(a)	119.	NAS AU	TOPSY
SATI	F. C.									YES	ERFOR	NO DE
IFI(20a ACCIDENT	WAS UNDERLYING	1 20h. I	DESCRIBE HOW INJURY	OCCUR	RED (Enter nature of	Injury I	n Part I or Part II	of Item 18.			10 2
CERTIFICATION	OR CONTRIBUT	ING CAUSE OF DEATH	202.	SECONDE NON MISON	0000.	NED! (Elitor Hataro or	,, .		20.			
CAL		INJURY Month, Day, Year	20d. II	NJURY OCCURRED 20		E OF INJURY (Home, fa		f. (City or town)	(Cou	nty)	(S	tate)
MEDICAL	Hour a.		While	Not While	tactory	, street, office bldg., et	(C.)					
Σ		m. 19	at work			9/1 10	66	1/10	19_6	7 AL-	h (1) (a)	dool (e
		fy that (I) (this hospital	1 8			1 4	66					
	22a. SIGNATU	ceased alive on 1	10	11 1907, an	d that	death occurred at	IVI	, from the causes		TE SIGN		anove.
	22a. SIGNATO	Delys M	- \$	forman)	M.D.	ATTENDING D	MED. DIRECTO	STAFF PHYS.		8/67	LD	
	22c. PHYSICI	imal - lami	-	1	1	22d. ADDRESS		/				0.5
	NAME (T	FELIPE M.	DOMI	NGUEZ/ M.D.		E.S.S.Hos	SPIT	AL, CAMBRI	DGE,	MD.		
238	BURIAL, CREM	ecify)		23c. NAME OF CEM				LOCATION (City,		inty)	(St	ate)
		JAR AR.	1967	Chapel Co	met	ery		hapel, Mar		C CICNA	TUDE	
24	. FUNERAL DIR	egiur o /	0	ADDRESS	R	1 1		EGISTRAR 25b.				
_	Kest	Leo Viene	sol	News Car	Cin	DATE J	AN	2 4 1967	golia	rley	Jus	Lee.

THE RESERVE OF THE REAL PROPERTY OF THE REAL PROPER THE VIEW PROPERTY AND ADDRESS OF THE PROPERTY bullered legold hotel

	1/		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1 ΜΑΡΥΙ ΔΝΠ
£			00675 CERTIFICATE OF DEATH	00675
24 hours after death.	1 and er deat	1.	PLACE DF DEATH a. COUNTY DOTCHESTER MARYLAND Z. USUAL RESIDENCE (Where deceased lived, If Institut a. STATE b. COUNTY	ion: Residence before admission
urs aft	in by the s. Pages 1 hours after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	RURAL and give nearest town)
	filled i papers. in 72 h		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Delle taven Nievsing Heme North Main St., Ext.	e. IS RESIDENCE ON A FARM? YES NO
within	n and completely filled remove carbon papers in any event, within 72	3.	NAME OF First Middle Last 4. DATE Month OF OF OF OF DEATH	Day Year 26 1967
ecuted	and com	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Mor	INDER 1 YEAR IF UNDER 24 HRS nths Days Hours Min.
be ex	physician an n please re val, and in a	10a dur	15.	12) CITIZEN OF WHAT
tificate	- 0 D	13.	Robert Lord Mary E Willough	hil
eath cer	he attending permit. The tion, or reme	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown) (If yes give war or dates of service)	- Idorado Md
at the dan.	y t ma		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombous	INTERVAL BETWEEN
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician.	ficate has been signed by the attention use as the burial-transit permit. Health prior to burial, cremation, or		Conditions, If any, which gave rise to immediate (b) Orternseleutic heart disease DUE TO DUE TO DUE TO DUE TO DUE TO	2 years
law re	has be e as th h prior	NOI	cause (a), stating the out to underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T1(a) 19. WAS AUTOPSY PERFORMED?
AN: The	certificate ned for use t. of Health	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Ite OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO L
HYSICI.	After this cert i be detached State Dept. of		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
DING P	After Id be d e State	MEDICAL	Hour a.m. p.m. 19 While Not While factory, street, office blogs, etc.) 21. I certify that (I) (this hospital) attended the deceased from January 6, 1966, to January 2,	19 667 , that (I) (we) las
ATTEN retain	DIRECTOR: A ge 3 should led with the		saw the deceased alive on January 25 19 67, and that death occurred at 125pM, from the causes and	on the date stated above
TAL OR	AAL DIR page of filed		22c. PHYSICIAN'S NAME (Type) CARD F BARROCCO M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS	1-28-67
TO HOSPITAL O	O FUNERAL director, p	S 232	NAME (Type) CARLOS F. ISKROSO HUTTER DIRCHESTER BURIAL, CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETERY OR CREMATORY 23d. LOCATION, (City, town REMOVAL (Specify))	or county) (State)
1	T pas	24	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR	STRAR'S SIGNATURE
	A15 (4) M 4-64	1/1/	itis. Theloughby Cast New Market, Mr DATIAN 30 1967	00